

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

## To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation <b>45 Committee Inc.</b>			3. FEC Identification Number  <div style="border: 1px solid black; padding: 5px; display: flex; align-items: center;"> <span style="font-size: 2em; margin-right: 10px;">C</span> <span>C90016478</span> </div>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported PO Box 710993			
(c) City, State and ZIP Code  <div style="display: flex; justify-content: space-between;"> <span>Herndon</span> <span>VA</span> <span>20171</span> </div>			
2. Occupation and Name of Employer (for Individual Filers Only)			

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report

☒ July 15 Quarterly Report ☐ 24-Hour Report

☐ October 15 Quarterly Report ☐ 48-Hour Report

☐ January 31 Year-End Report

b) Is this Report an amendment? ☒ No ☐ Yes, it amends the report filed on  /  /

5. COVERING PERIOD:

FROM  /  /

THROUGH  /  /

6. TOTAL CONTRIBUTIONS.....

7. TOTAL INDEPENDENT EXPENDITURES .....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

**TYPE OR PRINT NAME OF PERSON COMPLETING FORM**

**SIGNATURE**

DATE \_\_\_\_\_

*[Electronically Filed]*

Wojciechowski, Maria, , ,

Wojciechowski, Maria, , ,

07/30/2017

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB  
.

Form/Schedule: F5N  
Transaction ID :

45 Committee reviewed its second quarter report prior to filing and the report is complete as filed. 45 Committee had no contributions requiring disclosure.

Form/Schedule:  
Transaction ID:

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 3 OF 4  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

45 Committee Inc.

Full Name (Last, First, Middle Initial) of Payee

DDC

Date of Public Distribution/Dissemination

MM / DD / YYYY  
04 / 13 / 2017

Mailing Address 805 15th Street, NW

Suite 300

Amount

59292.80

City

State

Zip Code

Washington

DC

20005

Transaction ID : 001

Purpose of Expenditure

Direct mail

Category/  
Type

004

Office Sought:

☒

House

State: GA

☐

Senate

District: 06

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Gray, Bob, , ,

Calendar Year-To-Date Per Election  
for Office Sought

59292.80

Disbursement For: 2017

☐

Primary

☐

General

☒ Other (specify)

Special General

Full Name (Last, First, Middle Initial) of Payee

Mentzer Media Services

Date of Public Distribution/Dissemination

MM / DD / YYYY  
04 / 14 / 2017

Mailing Address 32 York Road

Amount

261149.00

City

State

Zip Code

Towson

MD

21204

Transaction ID : 002

Purpose of Expenditure

Media placement

Category/  
Type

004

Office Sought:

☒

House

State: GA

☐

Senate

District: 06

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Gray, Bob, , ,

Calendar Year-To-Date Per Election  
for Office Sought

320441.80

Disbursement For: 2017

☐

Primary

☐

General

☒ Other (specify)

Special General

Full Name (Last, First, Middle Initial) of Payee

RedPrint Strategy

Date of Public Distribution/Dissemination

MM / DD / YYYY  
04 / 14 / 2017

Mailing Address P.O. Box 710993

Amount

15000.00

City

State

Zip Code

Herndon

VA

20171

Transaction ID : 003

Purpose of Expenditure

Media production

Category/  
Type

004

Office Sought:

☒

House

State: GA

☐

Senate

District: 06

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Gray, Bob, , ,

Calendar Year-To-Date Per Election  
for Office Sought

335441.80

Disbursement For: 2017

☐

Primary

☐

General

☒ Other (specify)

Special General

(a) SUBTOTAL of Itemized Independent Expenditures.....

335441.80

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures.....

(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 4 OF 4  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

45 Committee Inc.

Full Name (Last, First, Middle Initial) of Payee

Critical Mass Digital Media

Date of Public Distribution/Dissemination

MM / DD / YYYY  
04 / 14 / 2017

Mailing Address 697 W 2200 N

Amount

25000.00

City State Zip Code  
Centerville UT 84014

Transaction ID : 004

Purpose of Expenditure  
Media placementCategory/  
Type 004Office Sought: ☒ House State: GA  
☐ Senate District: 06  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
Gray, Bob, , ,Check One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election  
for Office Sought 360441.80Disbursement For: ☐ Primary ☐ General  
2017 ☒ Other (specify) Special General

Full Name (Last, First, Middle Initial) of Payee

DDC

Date of Public Distribution/Dissemination

MM / DD / YYYY  
04 / 15 / 2017Mailing Address 805 15th Street, NW  
Suite 300

Amount

11410.36

City State Zip Code  
Washington DC 20005

Transaction ID : 005

Purpose of Expenditure  
Phone callsCategory/  
Type 004Office Sought: ☒ House State: GA  
☐ Senate District: 06  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
Gray, Bob, , ,Check One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election  
for Office Sought 371852.16Disbursement For: ☐ Primary ☐ General  
2017 ☒ Other (specify) Special General

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/  
TypeOffice Sought: ☐ House State: \_\_\_\_\_  
☐ Senate District: \_\_\_\_\_  
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office SoughtDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_

(a) SUBTOTAL of Itemized Independent Expenditures..... 36410.36

(b) SUBTOTAL of Unitemized Independent Expenditures ..... 0.00

(c) TOTAL Independent Expenditures..... 371852.16  
(carry total from last page forward to Line 7)